

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SM		3/23/00
O.I.P.E. CLASSIFIER		49	4/5/00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	EN	LET 50	5-18

# INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
" ..... Allowed                      I ..... Interference  
- (Through numeral)... Canceled                      A ..... Appeal  
+ ..... Restricted                      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	01/22/00
2	✓	✓	01/22/00
3	✓	✓	01/22/00
4	✓	✓	01/22/00
5	✓	✓	01/22/00
6	✓	✓	01/22/00
7	✓	✓	01/22/00
8	✓	✓	01/22/00
9	✓	✓	01/22/00
10	✓	✓	01/22/00
11	✓	✓	01/22/00
12	✓	✓	01/22/00
13	✓	✓	01/22/00
14	✓	✓	01/22/00
15	✓	✓	01/22/00
16	✓	✓	01/22/00
17	✓	✓	01/22/00
18	✓	✓	01/22/00
19	✓	✓	01/22/00
20	✓	✓	01/22/00
21	✓	✓	01/22/00
22	✓	✓	01/22/00
23	✓	✓	01/22/00
24	✓	✓	01/22/00
25	✓	✓	01/22/00
26	✓	✓	01/22/00
27	✓	✓	01/22/00
28	✓	✓	01/22/00
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48	✓	✓	01/22/00
49	✓	✓	01/22/00
50	✓	✓	01/22/00

Claim	Final	Original	Date
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52	✓	✓	01/22/00
53	✓	✓	01/22/00
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76	✓	✓	01/22/00
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99	✓	✓	01/22/00
100	✓	✓	01/22/00

Claim	Final	Original	Date
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102	✓	✓	01/22/00
103	✓	✓	01/22/00
104	✓	✓	01/22/00
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110	✓	✓	01/22/00
111	✓	✓	01/22/00
112	✓	✓	01/22/00
113	✓	✓	01/22/00
114	✓	✓	01/22/00
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147	✓	✓	01/22/00
148	✓	✓	01/22/00
149	✓	✓	01/22/00
150	✓	✓	01/22/00

BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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